



79 Maple Street | Summit, NJ 07901 | 908.273.4242 | (fax) 908.273.6812 | TheConnectionOnline.org

## GUIDELINES FOR FINANCIAL ASSISTANCE- CHILD CARE 2023-2024 Academic Year

**Please read BEFORE completing Scholarship Application**

- Application must be completed in full with ALL questions answered and must include **all forms listed below**. Incomplete applications will **NOT** be considered.
- Written income verification **must** be included with application. First preference for financial assistance will be given to applications including a household 1040 tax form. Second preference will be given to applications including current pay stubs for **all** employed adults in household. If the only documentation available is a letter from employer, financial assistance **will be limited to 40%**. Applications without written income verification can **NOT** be considered.
- Preference will be given to first-time applicants.
- Applicants will be notified of financial assistance by April 14, 2023

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### FINANCIAL ASSISTANCE CHECKLIST –Afterschool Program and Connection Preschool– Connection Staff to complete – do not accept without ALL of the following:

- \_\_\_ Scholarship Application (completed in full)
- \_\_\_ Income Verification
- \_\_\_ United Way of Greater Union County Intake Form
- \_\_\_ Connection Afterschool or Preschool registration forms (no deposit required)

Date Accepted by Front Desk \_\_\_\_\_  
Initials: \_\_\_\_\_



### Scholarship Application

Application **CAN NOT** be accepted without written income verification.  
1040 tax form will be given first preference and current pay stub second preference.

All questions **MUST** be completed in full.

The information on this application will be kept confidential.

Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Male  Female

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LIST ALL MEMBERS IN HOUSEHOLD:**

Name	Relationship (e.g. parent, child)	Date of Birth:
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

\*\*\*Number of adults employed: \_\_\_\_\_

HOUSEHOLD INCOME: *\*Please attach 1040 tax form and/or current pay stub for each adult.*

\_\_\_\_ I/we do not have tax documents from the previous year.

**\* If you do not have tax documentation or pay stub, please include a letter from your employer verifying your employment and salary**

- Salaries, tips, wages (gross) \$ \_\_\_\_\_ per \_\_\_\_\_
- Child support/alimony \$ \_\_\_\_\_ per \_\_\_\_\_
- AFCD/Public Assistance \$ \_\_\_\_\_ per \_\_\_\_\_
- Pension/Social Security \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever received scholarship assistance at The Connection? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when? \_\_\_\_\_

List any extraordinary medical expenses or any other factors you consider relevant in requesting financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program/class desired: (Limit one aquatics and one non-aquatics class per term per person. Maximum 4 weeks of summer camp)

Program 1: (first choice) \_\_\_\_\_  
(second choice) \_\_\_\_\_

Program 2: (first choice) \_\_\_\_\_  
(second choice) \_\_\_\_\_

\*If enrolling in ESL: I am a parent/grandparent/guardian of a current Summit Public School Student YES\_\_\_ NO \_\_\_

\*\*\* If application is approved, Connection membership fees must be paid in full before your program/class registration is complete\*\*\*\*

Name of referral source/agency: \_\_\_\_\_

I am willing to submit a quote about or share my experience at The Connection to be used in print and on the web.  
*Please note—only first names will be used, and quotes can be anonymous if preferred.*

\_\_\_\_\_  
Signature of applicant (parent/guardian if minor)

\_\_\_\_\_  
Date

**For Connection Use Only:**

Connection membership information:

New member: \_\_\_\_\_ Renewing member: \_\_\_\_\_

We reviewed this application in accordance with Connection Scholarship guidelines and recommend approval in the amount of:

\$ \_\_\_\_\_ % \_\_\_\_\_ For: \_\_\_\_\_

*Program*

Date: \_\_\_\_\_

Participant owes \$ \_\_\_\_\_ for class/program fee,

Plus \$ \_\_\_\_\_ Membership fee

Total due: \$ \_\_\_\_\_

Received: \_\_\_\_\_  
Date Initials

Paid by: check \_\_\_\_\_ cash \_\_\_\_\_ credit card \_\_\_\_\_ Date: \_\_\_\_\_

We cannot approve this application at this time

Notes relevant to decision: \_\_\_\_\_

\_\_\_\_\_  
Date



## FAMILY SUPPORT AND PREVENTION

### INTAKE FORM

Date: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Primary Information:**

Name: \_\_\_\_\_

Gender: ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Race: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Marital Status: ( ) Married ( ) Single ( ) Living w/partner ( ) Widowed ( ) Separated

#### **Family Information:**

How many children under the age of 18 live in your household \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female  
Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female  
Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female  
Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female  
Age \_\_\_\_\_

**Family Concerns/Challenges:** ( ) Education ( ) Health ( ) FLEX FUNDS  
( ) Utility Assistance  
( ) Rental Assistance  
( ) Other

(Please provide brief description of Concerns/Challenges): \_\_\_\_\_

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**Current Housing Situation:**

( ) Permanent ( ) Temporary ( ) Living with Family/Friends ( ) Homeless  
( ) Own ( ) Rent

**Employment Status:**

( ) Full-time ( ) Part-time ( ) Student ( ) Unemployed ( ) Disabled ( ) Retired  
( ) Other (provide details) \_\_\_\_\_

**Health Insurance Coverage:** For Self ( ) Yes ( ) No For Children ( ) Yes ( ) No

**Head of Household Name:** (if not applicant): \_\_\_\_\_

Head of Household's Employment Status (if not applicant)

( ) Full-time ( ) Part-time ( ) Student ( ) Unemployed ( ) Disabled ( ) Retired  
( ) Other (provide details) \_\_\_\_\_

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Outreach Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PRESCHOOL PROGRAM  
AGE 3-5 YEARS OLD

[preschool@theconnectiononline.org](mailto:preschool@theconnectiononline.org)  
908-273-4242 X 112

All children must be 3 years old by October 1<sup>st</sup> and toilet trained. No pull ups are permitted.  
The Connection Preschool Program is not licensed to provide diapering care.

**APPLICANT INFORMATION:**

Child's Name: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F  
Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone #: \_\_\_\_\_

**PARENT INFORMATION:**

Primary Parent(s) or Guardian(s):  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

If your child has a caregiver, please list their contact information:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

PLEASE CHECK THE DAYS/TIMES YOU WISH TO ENROLL YOUR CHILD (3 day minimum):

8:45am-12:30pm 8:45am-2:30pm  
\_\_\_M \_\_\_TU \_\_\_W \_\_\_TH \_\_\_F \_\_\_M \_\_\_TU \_\_\_W \_\_\_TH \_\_\_F

**PHOTO RELEASE:**

[ ] I DO give permission for my child's picture to be used for The Connection literature, social media, or website.  
No personally identifiable information will be shared.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE:**

In the event that I cannot be reached in an emergency, an authorized representative of The Connection may obtain necessary emergency medical treatment for the child named above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_





## The Connection's Preschool Program YEARLY PAYMENT AGREEMENT 2023-2024

I understand that my child, \_\_\_\_\_ will be enrolled in:

**The Connection's Preschool Program.**

Starting in September, 2023 for \_\_\_\_\_ days a week, excluding school holidays. **Connection Membership fee of \$60 due at the time of registration.** *I understand that I can terminate this contract by notifying The Connection in writing, giving 30 days' notice, and that failure to meet the terms of this payment agreement could jeopardize my child's place in the program.*

Signature: \_\_\_\_\_

### PLEASE CHOOSE A PAYMENT OPTION

#### \_\_\_ **Option I: Payment in full**

- \_\_\_ Enclosed is a check, payable to **The Connection** or
- \_\_\_ I authorize The Connection to use my charge credit card on file
- \_\_\_ Please call me to put a new card on file

#### \_\_\_ **Option II: Monthly payments (credit card only)**

- Please charge \$ \_\_\_\_\_ to my credit card each month beginning in September.
- \_\_\_ I authorize The Connection to use my charge credit card on file
  - \_\_\_ Please call me to put a new card on file

### PLEASE MAIL/RETURN TO:

The Connection's Preschool Program, 79 Maple Street, Summit, NJ 07901

### OR EMAIL FORMS TO:

[enrichment@theconnectiononline.org](mailto:enrichment@theconnectiononline.org)

Please do not mail or email credit card information.



**THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY**

**Acknowledgement of Risk:** I hereby acknowledge and agree that participation in The Connection's facility, programs and services comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with my participation at The Connection, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection from viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Connection participation and that said list in no way limits the operation of this Agreement. In consideration for being permitted to utilize the services and programs of The Connection, I and/or my child(ren) will comply with all Connection policies and rules and accept they may be altered by The Connection at any time.

**Coronavirus/COVID-19 Warning and Disclaimer:** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. Evidence has shown COVID-19 can cause serious and potentially life-threatening illness and even death. The Connection has put in place preventative measures to reduce potential spread of COVID-19 but **cannot guarantee** you or your child(ren) will not be exposed, contract, or spread COVID-19 because the possibility of the presence of the disease cannot be eliminated. Therefore, if you choose to attend The Connection's facility and on or off-site services and programs, **you could increase** your and your child(ren)'s risk of contracting or spreading COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that you and/or your child(ren) may be exposed to, or infected by COVID-19 when utilizing The Connection's facility and/or on or off-site services and programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. You also acknowledge the risk of becoming exposed to, or infected by, COVID-19 while at The Connection or an off-site program may result from the actions, omissions, or negligence of you and others, including, but not limited to, The Connection employees, volunteers and program participants and their families.

**WAIVER OF LAWSUIT/LIABILITY:** I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Connection, its officers, trustees, employees, volunteers, agents, representatives and insurers (Releasees) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, active or passive, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Connection on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Connection's facilities/equipment or participation in The Connection's programs and services on or off-site whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I have carefully read, fully understand, and agree to all the terms of this Assumption of Risk, Release and Waiver of Liability.

*\*All adult members or parent/guardians of youth members of The Connection must sign the agreement to participate in any Connection program.\**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature